



SEP 13 2007

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/750,396
		Filing Date	December 30, 2003
		First Named Inventor	Nikolai G. Nikolov
		Art Unit	2191
		Examiner Name	Nahar, Qamrun
Total Number of Pages in This Submission	55	Attorney Docket Number	6570P039

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 50px;">           RCE - Request for Continued Examination (1 ) pge. (Copy of related Office Actions (2) 17 pages and 14 pages. Return postcards (2).         </div>	<input type="checkbox"/> Drawing(s)
				<input type="checkbox"/> Licensing-related Papers
				<input type="checkbox"/> Petition
				<input type="checkbox"/> Petition to Convert a Provisional Application
				<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
				<input type="checkbox"/> Terminal Disclaimer
				<input type="checkbox"/> Request for Refund
				<input type="checkbox"/> CD, Number of CD(s)
				<input type="checkbox"/> Landscape Table on CD
				<input type="checkbox"/> Remarks

REQUEST FOR CONTINUED (RCE) EXAMINATION  
TRANSMITTAL ( 1 page).

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

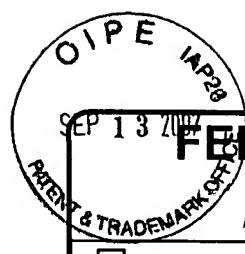
Firm or Individual name	Robert B. O'Rourke, Reg. No. 46,972  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/7/07

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Janece Shannon		
Signature		Date	September 7, 2007

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



SEP 13 2012

**FEE TRANSMITTAL  
for FY 2006**

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 970.00)

<i>Complete if Known</i>	
Application Number	10/750,396
Filing Date	December 30, 2003
First Named Inventor	Nikolai G. Nikolov
Examiner Name	Nahar, Qamrun
Art Unit	2191
Attorney Docket No.	6570p039

**METHOD OF PAYMENT** *(check all that apply)*

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	45	- 57* = 0	X 50.00 =	\$0.00
Independent Claims	3	- 3* = 0	X 200.00 =	\$0.00
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>				(\$)
				<b>0.00</b>

*\*\*or number previously paid, if greater. For Reissues, see below.*

## 2. ADDITIONAL FEES

## Large Entity      Small Entity

**Fee Description**  
ate filing fee or oath  
e provisional filing fee or cover sheet.  
Specification  
epty within first month  
epty within second month  
epty within third month  
epty within fourth month  
epty within fifth month  
al  
support of an appeal  
al hearing  
tute a public use proceeding  
o Commissioner  
under 37 CFR 1.17(q)  
Information Disclosure Stmt  
sion after final rejection (37 CFR § 1.  
onal invention to be examined (37 CFR

**Other fee (specify)**

**SUBTOTAL (2)**

Fee Paid  
180.00

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**SUBMITTED BY**

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Robert B. O'Rourke	Registration No. (Attorney/Agent)	46,972	Telephone (408) 720-8300
Signature			Date	9/3/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007.  
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